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ABSTRACT

The paper examines the impact of a visual disorder on the emerging self. Sources of self-esteem are considered in the developmental process. The implications of a competence model in regard to the experiences of visually impaired persons are noted. Problems to be resolved include developing coping skills and adaptive behaviors, maintaining self-esteem in the face of predominantly negative reactions from others, maintaining control and making decisions. A discussion of the adjusting process is followed by suggestions of appropriate counseling theories and techniques for teacher-counsellors. Typical stages in a person's reaction to visual impairment are reviewed, and ideas for dealing with each are offered. (CL)

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SOURCES OF SELF-ESTEEM AND THE ADJUSTING PROCESS

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INTRODUCTION:

Increased attention has recently been directed toward meeting the effective needs of visually impaired children and youth. My perspective on counselling toward effective growth is influenced by two factors: My Christian beliefs and my professional training in Special Education. The focus of my interest is targeted on the counselling needs of handicapped school-age children and their parents.

One of the underlying premises of this presentation is that there is no unique psychology of disabled persons (Lowenfeld, 1981; Wright, 1960), but rather, that the general psychological principles for the understanding of all human behavior are sufficient to explain the behavioral impact of a disability (Kirtley, 1975). With this basic understanding, there is a need to examine the relationship between the teacher-counsellor and the visually impaired student's family.

Another basic premise of this paper is that visually impaired persons are not necessarily abnormal or maladaptive in need of long-term, in-depth therapeutic counselling. Disabled persons are, in the main, normal people who are responding to life's demands with the added stress of a physical impairment. In this respect, I tend to agree with Rogers (1951 - 1961) and Maslow (1970) that normal people, through counselling, can become stronger, healthier, fuller functioning, self-actualized individuals.

Sources of Self-Esteem

To understand the visually impaired person's sources of self-esteem, one must first examine the impact of a visual disorder on the emerging self. A few general principles related to the development of self, self-concept, and self-esteem will be reviewed. A discussion of the sources of self-esteem and the impact of a handicap follows. Finally, this section concludes with an overview of some of the problems that visually impaired persons must resolve.

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The emerging self, self-concept, and self-esteem:

Despite the legislative and advocacy efforts of the past decade, individuals with a visual impairment are not yet fully assimilated into society. According to Maslow's hierarchy of needs, if love and belonging needs have not been met, then self-esteem needs are not yet salient. Only when self-esteem needs are met do self-actualization needs become salient. The following observations about self, self-concept, and self-esteem have been synthesized from many writers: Coopersmith (1967), Dobson (1974), Fromm (1947), Gergen (1971), Hamechek (1971), Horney (1945), LaBenne and Greene (1969), Maslow (1954, 1970), Mead (1934), Robers (1951), and Stringer (1971).

People strive for personal adequacy, a universal basic need, by engaging in self-enchancement activities. A person's ability to cope successfully with life's demands depends on his personal adequacy. Personal worth is not optional, it is mandatory to the emerging self-concept.

People behave in ways that are conguent with their self-concept. A person's self-concept and personality structure is developed early in life and remains relatively constant throughout life. This self-abstraction is formed in social interactions, personal reactions to himself, mastery in solving developmental tasks, and competence in dealing with life's demands.

While the self strives for unity, consistency and equilibrium, it can also be multi-dimensional. Until threatened with exposure, a person's self-concept can tolerate a certain amount of inconsistencies. The self-concept is reinforced or modified by every life experience.

Self-esteem is the affective component of self-concept. A person's self-esteem not only determines the interpretations given events in his social and physical environment, but is, in turn, affected by those interpretations. Healthy self-esteem results from valuing self and being valued by others.

A person's attitudes toward himself determines his attitude toward others. An individual must experience a measure of self-love and self-acceptance before he can love and accept another. Acceptance by others is predicated on a person's self-acceptance and his acceptance of others. Therefore, self-esteem, self-acceptance, acceptance of and by others are inextricably intertwined.

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Self-esteem, rather than being fixed, is responsive to changes in time, space, situational demands, and apparent discrepancies between the real self and the ideal self. Threats to the self-concept may alter an indivual's level of self-esteem. "Satisfaction of the self-esteem need leads to being useful and necessary in the world. But thwarting of these needs produces feelings of inferiority, of weakness, of helplessness" (Maslow, 1970, p. 45).

Sources of Self-esteem and the Impact of a Visual Impairment:

Self-esteem is influenced by two sources: reflections from others and judgements of one's competence. Younger, more immature, or more dependent individuals tend to rely on reflections for their self-esteem. As the locus of control and the locus of evaluation become more internalized, the individual is freer to become uniquely and fully himself.

Early in the developmental process, reflections from others play an important role in shaping one's self-concept and self-esteem. A person tends to incorporate the signals received from his significant others into his own self-concept. When a person is valued and accepted by others, he will be more inclined to value and accept himself. A person receives multiple reflections from multiple significant others at many different times and places in his life.

Many of these reflections are discrepant with each other and many may be discrepant with his own self-concept. In fact, handicapped individuals experience a wider range of inconsistent, predominantly negative reflections, which results in lower self-esteem. When discrepancies are persistant and strong, the self must resolve these discrepancies to maintain its unity, consistency and equilibrium.

Another major source of self-esteem is the continuous internal process of making judgments about one's own competence (Tuttle, 1984). Out of a visually impaired person's self-concept or perceptions of his own personal attributes emerge his aspirations and goals in life. His aspirations determine the tasks and activities he chooses to accomplish. His performance of these tasks and activities is evaluated against a standard of his own choosing. Judgments about the extent of success in accomplishing his goals are weighted by the salience and significance of the value of that task or activity. Weighted judgments of success or failure have a tendency

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to either reinforce or modify his estimates of his own personal attributes (including his self-esteem), which, in turn, determine future aspirations and goals. This cyclical process continuously makes an impact upon a person's feeling of competence and adequacy.

While this internally oriented process is occuring within the individual, a similar process is operating within the significant others, providing the basis for additional reflections. Out of the significant other's perceptions of the handicapped person's attributes the significant other establishes certain expectations, observes the visually impaired person's performance, judges success with the significant other's own standards, and weighs the significance of the success by his own value system. The process serves as a basis for reinforcing or modifying the significant other's defining attributes of the handicapped individual. With the newly strengthened or revised defining attributes, the cycle begins once more (Tuttle, 1984).

The competence model just described places heavy emphasis on the visually impaired person's self-concept and others' perceptions of his attributes, aspirations and expectations, judgments of goal attainment, standards and values. Opportunities for additional discrepancies occur throughout these parallel processes. The handicapped individual's aspirations, judgements, standards, and values are rarely congruent with the significant other's expectations, judgements, standards, and values.

Problems to Be Resolved:

I contend that a person who is visually impaired has four major problems with which to contend. In order to feel competent and adequate, he must first develop good coping skills and adaptive behaviors. The next problem is to maintain a sense of high self-esteem in the face of predominately negative reflections from others. The third problem centres around the visually impaired person's ability to maintain control over a situation, to perceive alternative courses of action, and to make decisions or choices regarding events in his life. The fourth problem has to do with the negative impact on self-esteem that results from the fact that a visually impaired person, even with the best coping skills and adaptive behaviors, is still dependent on others to accomplish some daily tasks, and as a result, does not appear to be exercising an internal locus of control.

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These problems are handled in a variety of ways. Some young or immature handicapped children deny their own perceptions in favor of the signals being received from significant others. Others, particularly during the adolescent or young adult years, exhibit a super-independent attitude trying to prove to the world and themselves that they are fully competent and adequate. Still others are content to remain dependent and compliant indefinitely. There are those who minimize or deny the realistic impact of their visual impairment, choosing rather to refer to an inconvenience or a nuisance and, in extreme cases, pretending as though they had no disability. Some choose to escape or withdraw either physically or emotionally. Still others become hostile and angry, blaming others for their difficulties. Finally, I would be remiss if I did not mention the many who handle their visual impairment in an emotionally mature and responsible manner, recognizing that life for a person with a disability can be rich, full, satisfying, and rewarding.

The Adjusting Process:

Special education teachers need to be aware of the dynamics that impinge upon the affective growth of a visually handicapped child, youth, or young adult. After identifying some goals in counselling, a counselling theory with some of its techniques that are appropriate for the special education teacher is offered for consideration. A discussion of the adjusting process follows, with suggestions regarding particular counselling theories and techniques that seem to be more suitable for each phase. Finally, this section concludes with a summary of the qualities or characteristics of a teacher-counseller.

The Goals of Counselling:

It is my conviction that special education teachers are involved in counselling whether they like it or not. The teacher is able to create the climate for cognitive, affective, and behavioral growth. Frequently, affective growth results as a by-product of working on other tasks and not from a scheduled "counselling session". The teacher-counsellor who is working with handicapped children and youth may want to consider one or more of the following aims that enable the special education student to:

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1. Develop adequate coping skills and adaptive behaviors.
2. Work through some of the phases of the adjusting process (discussed later).
3. Gain in self-understanding by clarifying and refining his perception of his personal attributes and his self-concept.
4. Confront and, if necessary, modify his own feelings and attitudes toward himself, toward his visual impairment and toward the non-disabled.
5. Disclose himself to another by sharing his likes and dislikes, his aspirations and expectations, his standards and values.
6. Develop a concern for others, their interests and desires, their joys and frustrations, their standards and values.
7. Understand and enhance relationships with others.
8. Identify and discuss any concerns or problems related to the visual impairment: cause and prognosis, heredity issues, effective coping strategies, management of the public.
9. Improve his self-confidence, self-acceptance, and self esteem.

Although the above list of aims focuses on issues related to the visual impairment, the teacher-counsellor must place these issues in the broader context of growth toward maturity. The disabled individual, along with everyone else, wants to be emotionally healthy, to be fully functioning, to be self-actualized. The following list of characteristics that describe an emotionally healthy, self-actualized person was synthesized from the writings of Ellis (1979), Maslow (1970), Saul (1947), and Tuttle (1984).

1. He is appropriately independent (but not super independent) and responsible with a well-defined standard of ethics.
2. He is interested in and concerned for others and demonstrates good interpersonal skills.
3. He is self-accepting and accepting as well as tolerant of others.
4. He is giving and productive yet able to receive in return.
5. He is more cooperative than competitive and egotistical.
6. He is reality oriented and confident in his own perceptions and judgements.
7. He expects to be successful in his endeavours and expects to be well received by others.
8. He is self-directed with an internal locus of control and internal locus of evaluation, and he is self-motivated toward continued personal growth.

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9. He is adverturesome, able to take risks (though not foolhardy), and able to tolerate uncertainty.
10. He is discriminating, adaptible, and flexible.
11. He possesses healthy attitudes and feelings toward his own sexuality.
12. He possesses a good sense of humor and has a large capacity for enjoyment of self, others, and things.
13. He is relatively content with his situation.
14. He needs periods of privacy to pursue his own interests and activities.

A Suggested Approach for the Teacher-Counsellor:

For the special education teacher-counsellor, I would recommend the client-centred or student-centred approach developed by Rogers (1951, 1961). He felt that students have the capacity for self-awareness, self-understanding, and self-direction; for growth, for constructive personal change. Rogers did not develop his approach for working with the mentally ill, but rather for the relatively healthy individual desirous of learning to live more effectively, to be more autonomous and independent. As such, I feel this model fits visually impaired children and young adults for they are not mentally ill but simply struggling to learn how to accommodate to life's demands.

Rogers deals primarily with the here and now and pays little attention to the unconscious. Efforts are directed toward student's gaining self-understanding and acquiring the ability to solve his own problems. The student is given the responsibility for decision-making and setting his own goals and direction. As a result, Rogers has no need for testing, diagnosis, or interpretation.

A student will structure himself according to his perception of his reality. Therefore, he will actualize himself within the reality that he perceives. According to Rogers (1967), there are six characteristics that are both necessary and sufficient for change or growth to take place in the student. They are:

1. Two people are in psychological contact with one another.
2. One (the student) is in a state of inconguence, vulnerable or anxious, ready for change.
3. The other (the teacher) is congruent or integrated.
4. The teacher possesses and exhibits an unconditional positive regard for the student.
5. The teacher possesses and exhibits empathetic understanding of the student's internal frame of reference.
6. The student becomes aware of and experiences the unconditional positive regard and the empathetic understanding.

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The teacher-counsellor must be genuine, authentic, and real, no pretenses and no facades. She must communicate respect for and acceptance of the student. Cultivation of the qualities of empathy and understanding are essential. Finally, the teacher-counsellor needs to be warm and caring. At the same time, the student must be open to new experiences, learn to trust in himself, develop an internal locus of evaluation, and be willing to risk making choices or decisions.

The role of the teacher-counsellor may include one or more of the following:

1. Reflect the content and feelings being expressed by the student,
2. Clarify student's messages,
3. Assist student's understanding through teacher's self-disclosure,
4. Engage in "you-me" talk that is concrete and specific especially about personal attributes, aspirations, beliefs, standards, and values,
5. Confront, when necessary, as an invitation for the student to examine discrepancies,
6. Help a student muster his own resources, and
7. Encourage the student to find his own solutions.

There are some safety features of this approach (Corey, 1982) that make it particularly appropriate for special education teachers. The emphasis on listening, respect, and empathy fits with most teachers' capabilities. Dealing with the here and now obviates any need to diagnose or interpret the self-understanding, choices and actions. Since it is primarily non-directive, the teacher can rest assured that the use of this approach can cause no psychological harm.

The Adjusting Process:

People, whether disabled or not, when responding to traumatic events or crises in their lives, tend to experience some or all of the phases of the adjusting process. I do not believe that there is a static state of "adjustment" since people are engaged in a life-long process of growth. Neither do I believe that a visually impaired person adjusts to his disability. Instead, adjusting can be described as the process of responding to life's demands with the added stress of a visual impairment. The disability is simply one of many personal attributes, some representing strengths and others representing limitations, with which the individual faces life's challenges (Tuttle, 1984).

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Trauma, physical or social:

The trauma is the event or series of events that produce a sense of disequilibrium, incongruity, or vulnerability making a person anxious or upset. A physical trauma would be the actual onset of a disability while the social trauma results from encountering the social stigma of that disability.

The teacher-counsellor is rarely with the student at the time of a physical trauma. Typically, it's the medical profession and the parents who are present during this crisis and, frequently, neither is prepared to handle the psychological implications. The teacher-counsellor is much more likely to be present during or after a social trauma. An understanding of the adjusting process will enable the teacher to be supportive and understanding.

The question is sometimes raised whether parents and teachers should shield the child from social trauma. If the child is unprepared to handle the crises, then the teacher or parent may want to consider intervening or restructuring the situation. However, if the child has been prepared for either the physical or social trauma, the adjusting process will be less severe and the child will be stronger as a result of working through the phases himself.

Shock and Denial:

Shock is a psychic anesthesia that numbs the mind, preventing disintegration. Denial is one method to escape coping with the requirements and implications of the trauma. As a temporary phase, shock and denial are natural and even healthy responses.

The teacher-counsellor should not attempt to intervene in any active way. Because of the shock and denial, the student is unable to respond cognitively or emotionally. The role of the teacher may be simply to provide some emotional support and physical comfort. If the denial persists, then confrontational techniques would be appropriate.

Mourning and Withdrawal:

As the shock begins to wear off, one begins to become aware of a general state of incongruity or a global sense of loss. This phase is characterized by mourning and self-pity frequently accompanied by withdrawal and

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isolation. People who are engaged in self-pity tend to cut themselves off from their own support network. Hostility and anger may begin to emerge and are directed to anyone who happens to be available.

The teacher-counsellor can begin to be a little more active. Most important, she will need to be a good emphathetic listener. In so far as possible, the student needs to have his mental energies redirected off himself toward some enjoyable or constructive activities to reduce the danger of isolation and withdrawal. The teacher-counsellor will want to explain the student's behavior and the dynamics of the adjusting process to family members and other teachers.

Succumbing and Depression:

As the shock continues to wear off, the student begins to ponder the many implications specifically one by one. This phase is characterized by the phrase "I can't". However, the student's perceptions of what he can and can't do are frequently distorted and unrealistic. As a result of the student's pessimistic and negative perceptions of himself and his abilities, he frequently experiences some degree of depression, usually of a temporary nature.

The teacher-counsellor needs to continue to be an empathetic, understanding listener. In addition, some of Ellis's (1967) Rational Emotive Therapy techniques may be appropriate: disputing irrational beliefs, cognitive homework, bibliotherapy, student's employment of new self-statements, and modeling. Some notions from Glasser's (1965) Reality Therapy may also be appropriate: stressing the student's strengths and potentials, development of a success identity, confrontation of irresponsible behavior, accepting no excuses, clarify goals and aspirations, and formulation of a specific plan of action. Finally, the teacher-counsellor, through the use of disabled role models and other techniques, may be able to provide convincing evidence that life is worthwhile, that life as a visually impaired person can be rich, full, and satisfying.

Reassessment and Reaffirmation:

During this phase, a student reassesses his personal attributes, goals, and values. There is a search for a personal attributes, goals, and values. There is a search for a personal identity and for the meaning to life. The student becomes aware that some trauma can be avoided, some can be prevented by restructuring prior circumstances, and still others can be conquered through the development of coping skills.

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The teacher-counsellor needs, more than ever, to exhibit acceptance, respect, and understanding. The existential questions regarding meaning and purpose to life, regarding free choice and responsible action may need to be answered. Adler's emphasis on clarifying goals and values may be helpful. Use of Ellis's ABC self-help approach would help students understand the consequences and effects of their rational and irrational beliefs. It's important that the student be able to reaffirm himself as a person and reaffirm the possibilities of life.

Coping and Mobilization:

The coping and mobilization phase focuses on the development of suitable coping skills and adaptive behaviors. To accomplish this, one must mobilize one's internal and external resources. The goal is to enable the student to manage more effectively the daily demands in his physical and social environment. Through improved coping skills, the student can gain self-assurance and self-confidence.

During this phase, the teacher-counsellor is primarily a teacher providing instruction in specific skills and techniques. The approach is behaviorally oriented. The student should be involved in formulating the behavioral goals and objectives. The teacher-counsellor may employ a variety of techniques such as precision teaching for social skills, behavior modeling, role playing, cognitive behavior modification, behavior rehearsals, etc. The student will also need accurate information about his disability: cause, extent of impairment, and prognosis. The teacher-counsellor will take every opportunity to facilitate the student's development of healthy attitudes toward himself and his visual impairment.

Self-acceptance and Self-esteem:

Unfortunately, too many professionals in special education and rehabilitation stop with the coping and mobilization phase with the conviction that their work is done. It is my contention that people can learn to live with their disabilities without ever accepting themselves, much less developing any sense of self-esteem. During this phase, a person learns not only to accept his visual impairment but also to accept himself as a person with a disability, comfortable with himself, at peace with himself, and liking himself. Self-acceptance frees a person to accept others which, in turn, allows the disabled student to be accepted and valued by others--the basis of self-esteem.

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The teacher-counsellor will want to focus on the development of strong interpersonal relationship skills. The Transactional Analysis approach (Berne, 1961) offers a context for the student to understand the dynamics of relationships. The teacher-counsellor needs to allow the student time and space to exercise, independently, his newly acquired coping skills. It is often very difficult for the teacher-counsellor to let the student go, to suddenly realize she is no longer needed.

The adjusting sequence just described is a dynamic, continuous process. Every time a person encounters a new psychological situation or unresolved discrepancy, he will cycle back through some or all of the adjusting phases. Unfortunately, there are some individuals who get stuck at a particular phase and remain there for long periods, even a life-time. It is apparent from the above discussion that the needs of individuals vary from one phase to another and, therefore, the approaches of the teacher-counsellor must vary to meet the needs.

Characteristics of the Teacher-Counsellor:

The teacher-counsellor, to be effective, must possess and exhibit certain personal qualities and traits in her own life. The following lists have been adapted from Self-Esteem and Adjusting with Blindness by Tuttle, (1984).

Characteristic attributes of the teacher-counsellor that foster affective growth:

1. She is self-accepting with a healthy self-esteem.
2. She is positive toward others, actively seeking the value and worth in her students.
3. She is not sceptical, cynical, or unduly suspicious of others.
4. She is accepting of her students, their contributions and efforts, their talents and faults, their strengths and weaknesses.
5. She is genuinely and personally interested in each individual, taking time to listen to each.
6. She is able to see things from other people's perspectives thus increasing her capacity for empathy.
7. She possesses good interpersonal skills and is able to resolve conflicts that may arise.
8. She is able to receive as well as to give in personal relationships and is able to teach others to do the same.
9. She is supportive of others.

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Characteristic behaviors of the teacher-counsellor:

1. She develops and maintains strong interpersonal relationships with a variety of individuals.
2. She structures experiences so that students can "discover" ideas and relationships for themselves rather than authoritatively imposing her own ideas and views on others.
3. She sets expectations of her students that are in harmony with their talents and abilities.
4. She designs activities for her students that insure maximum opportunity for success.
5. She does not view the student's inability to meet her expectations as a "failure" but rather views it as a positive learning experience for both.
6. She tends to employ criterion referenced measures using the student as his own standard rather than employing norm referenced measures that force comparison and competition with others.
7. She avoids correcting students in public and refrains from using sarcasm in that correction.
8. She actively seeks the ideas and opinions of others.

Characteristic assisting behaviors of the teacher-counsellor:

1. She assists her students to develop good interpersonal skills and relationships.
2. She assists students to understand themselves better, to clarify their perceptions of their personal attributes in a wholesome and accepting atmosphere.
3. She enables her students to present themselves positively, to capitalize on their strengths and inner resources.
4. She assists students by encouraging them with a positive "You can do it" attitude.
5. She assists her students to set realistic aspirations that sometimes means saying "let's try" to an unrealistic aspiration.
6. She facilitates independence, students' doing things for themselves rather than her doing things to or for them.
7. She provides the support necessary to enable her students to recognize and to think through their own problems, to search for alternative solutions, and to choose a course of action.
8. She stimulates her students to mobilize effectively available resources and services.
9. She encourages students to establish and utilize relevant standards and values for measuring their own performances rather than relying on external evaluations.

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SUMMARY:

The special education teacher is involved in counselling whether she likes it or not, for it is during those school years that the child's self, self-concept and self-esteem is being formulated. Counselling is seen as the process of assisting students to understand themselves and others, develop good coping skills and adaptive behaviors, and become more independent when dealing with life's demands and solving problems. Based on the reflections model and the competence model for self-esteem, a disabled person more frequently encounters negative reflections and is more frequently deemed less than competent. In response to social and physical traumas, people sequence through some or all of the phases of adjusting and the role of the teacher-counsellor is slightly different at each phase. The student-centred approach developed by Rogers (1951, 1961) offers the soundest and fastest framework of theory and practice for the teacher-counsellor working in special education.

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